



State of Maine  
Department of State  
Bureau of Motor Vehicles

**Certification of Deafness or Hard-of-Hearing**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone/TTY # \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

For the purposes of issuing a license sticker with a deaf or hard-of-hearing designation the person listed above meets one of the following qualifications:

- ☐ Applicant's sense of hearing is nonfunctional for the purpose of communication and must depend primarily upon visual communication.
- ☐ Applicant has a hearing loss resulting in functional loss, but not to the extent that the person must depend primarily upon visual communication.

\_\_\_\_\_  
Medical Care Provider's Name (printed)

\_\_\_\_\_  
Signature and Date

**In lieu of the requirements outlined above, a person may submit a copy of a document showing enrollment and/or graduation from a certified school for the deaf along with this form.**

Mail to:  
Secretary of State  
Bureau of Motor Vehicles  
29 State House Station  
Augusta, Maine 04333-0029  
Telephone: (207) 624-9000, ext. 52114 tty (207) 624-9105  
Fax: (207) 624-9170